



RAYMOND A. JOAO, ESQ.  
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## FAX COVER SHEET

To: The United States Patent and Trademark Office

From: Raymond A. Joao, Esq.

Date: November 18, 2008

Fax No.: 571-273-2885

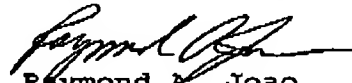
No. Pages: 18 (including cover)

Re: ISSUE FEE TRANSMITTAL LETTER - U.S. Patent  
Application Serial No. 09/987,226

To Whom It May Concern:

Please find transmitted herewith an ISSUE FEE TRANSMITTAL LETTER, with accompanying documents, for filing in the above-identified application.

Respectfully Submitted,

  
Raymond A. Joao  
Reg. No. 35,907



I hereby certify that this correspondence is being transmitted via facsimile transmission to the United States Patent and Trademark Office at 571-273-2885 on November 18, 2008.

  
Raymond A. Joao

RJ371

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 09/987,226

FILED : NOVEMBER 14, 2001

FOR : APPARATUS AND METHOD FOR PROCESSING AND/OR FOR  
PROVIDING HEALTHCARE INFORMATION AND/OR  
HEALTHCARE-RELATED INFORMATION

EXAMINER : L. NAJARIAN

GROUP : 3686

ALLOWED : NOVEMBER 10, 2008

CONFIRMATION NO.: 6756

Mail Stop ISSUE FEE  
Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

ISSUE FEE TRANSMITTAL LETTER

Sir:

Applicant submits herewith the following papers for  
entry in the above-identified application:

1. ISSUE FEE TRANSMITTAL FORM PTOL-85;

2. Credit Card Payment Form for \$1,055.00 for payment of the Issue Fee (\$755.00) and for payment of the Publication Fee (\$300.00);
3. Fee Transmittal Sheet (in duplicate) for the payment of the Issue Fee (\$755.00) and for the payment of the Publication Fee (\$300.00);
4. STATEMENT OF NEW DETERMINATION OF SMALL ENTITY STATUS, FOR PAYMENT OF ISSUE FEE, PURSUANT TO 37 C.F.R. §1.27(g); and
5. COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE.

As noted above, Applicant submits herewith an ISSUE FEE TRANSMITTAL FORM PTOL-85 along with a Credit Card Payment Form for \$1,055.00 for payment of the Issue Fee of \$755.00 and for payment of the Publication Fee of \$300.00 for the above-identified application. A Fee Transmittal Sheet (in duplicate), for the payment of the Issue Fee and the Publication Fee, is also submitted herewith.

Applicant respectfully requests that the above-identified Issue Fee payment of \$755.00 be applied towards payment of the Issue Fee in the above-identified application.

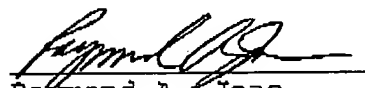
Applicant also submits herewith a STATEMENT OF NEW DETERMINATION OF SMALL ENTITY STATUS, FOR PAYMENT OF ISSUE FEE, PURSUANT TO 37 C.F.R. §1.27(g). Applicant is a Small

Entity and, therefore, Small Entity Status is entitled to be asserted for the above-identified application.

Applicant also submits herewith a COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE for entry in the above-identified application.

Applicant respectfully requests that the above-identified papers and the payments of the Issue Fee and the Publication Fee be entered into the above-identified application.

Respectfully Submitted,



Raymond A. Joao  
Reg. No. 35,907

November 18, 2008

Raymond A. Joao, Esq.  
122 Bellevue Place  
Yonkers, New York 10703  
(914) 969-2992



PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0851-0032

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Effective on 12/08/2004

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

**FEE TRANSMITTAL**  
**For FY 2009**☒ Applicant claims small entity status. See 37 CFR 1.27**TOTAL AMOUNT OF PAYMENT** (\$ ) **1,055.00****Complete if Known**

Application Number	09/987,226
Filing Date	NOVEMBER 14, 2001
First Named Inventor	RAYMOND A. JOAO
Examiner Name	L. NAJARIAN
Art Unit	3686
Attorney Docket No.	RJ371

**METHOD OF PAYMENT (check all that apply)**☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_☐ Deposit Account Deposit Account Number \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below☐ Charge fee(s) indicated below, except for the filing fee☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17☐ Credit any overpayments**WARNING:** Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.**FEE CALCULATION****1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	330	165	540	270	220	110	
Design	220	110	100	50	140	70	
Plant	220	110	330	165	170	85	
Reissue	330	165	540	270	650	325	
Provisional	220	110	0	0	0	0	

**2. EXCESS CLAIM FEES****Fee Description**

Each claim over 20 (including Reissues)

Fee (\$)	Small Entity Fee (\$)
52	26

Each independent claim over 3 (including Reissues)

220	110
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Multiple dependent claims

390	195
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Total Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims	Extra Claims	Fee (\$)	Fee Paid (\$)
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- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of independent claims paid for, if greater than 3.

**3. APPLICATION SIZE FEE**

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
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- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

**4. OTHER FEE(S)**

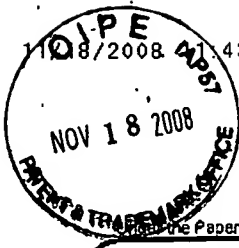
Non-English Specification, \$130 fee (no small entity discount)

**Fees Paid (\$)**Other (e.g., late filing surcharge): ISSUE FEE (\$755.00) & PUBLICATION FEE (\$300.00)**\$1,055.00****SUBMITTED BY**

Signature		Registration No. (Attorney/Agent)	35,907	Telephone	914-969-2992
Name (Print/Type)	RAYMOND A. JOAO	Date	11/18/08		

This collection of information is required by 37 CFR 1.138. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.



PTO/SB/17 (10-08)

Approved for use through 06/30/2010. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

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Effective on 12/08/2004.  
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4618).

# FEE TRANSMITTAL

## For FY 2009

☒ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$ 1,055.00

### Complete If Known

Application Number 09/987,226  
Filing Date NOVEMBER 14, 2001  
First Named Inventor RAYMOND A. JOAO  
Examiner Name L. NAJARIAN  
Art Unit 3686  
Attorney Docket No. RJ371

### METHOD OF PAYMENT (check all that apply)

☐ Check ☒ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): \_\_\_\_\_

☐ Deposit Account Deposit Account Number: \_\_\_\_\_ Deposit Account Name: \_\_\_\_\_

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

☐ Charge fee(s) indicated below ☐ Charge fee(s) indicated below, except for the filing fee  
☐ Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 ☐ Credit any overpayments

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### FEE CALCULATION

#### 1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
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Fee Description	Fee (\$)	Small Entity Fee (\$)
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Multiple dependent claims	390	195

Total Claims Extra Claims Fee (\$)- 20 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

HP = highest number of total claims paid for, if greater than 20.

Indep. Claims Extra Claims Fee (\$)- 3 or HP = \_\_\_\_\_ x \_\_\_\_\_ = \_\_\_\_\_

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Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)- 100 = \_\_\_\_\_ / 50 = \_\_\_\_\_ (round up to a whole number) x \_\_\_\_\_ = \_\_\_\_\_

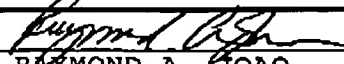
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Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): ISSUE FEE (\$755.00) & PUBLICATION FEE (\$300.00)

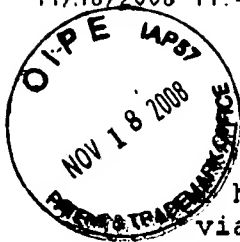
\$1,055.00

#### SUBMITTED BY


Signature  Registration No. 35,907 Telephone 914-969-2992  
Name (Print/Type) RAYMOND A. JOAO Date 11/18/08

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Raymond A. Joao

RJ371

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 09/987,226

FILED : NOVEMBER 14, 2001

FOR : APPARATUS AND METHOD FOR PROCESSING AND/OR FOR  
PROVIDING HEALTHCARE INFORMATION AND/OR  
HEALTHCARE-RELATED INFORMATION

EXAMINER : L. NAJARIAN

GROUP : 3686

ALLOWED : NOVEMBER 10, 2008

CONFIRMATION NO.: 6756

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

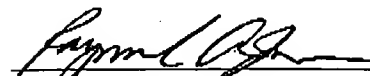
STATEMENT OF NEW DETERMINATION OF SMALL ENTITY STATUS, FOR  
PAYMENT OF ISSUE FEE, PURSUANT TO 37 C.F.R. §1.27(g)

Sir:

Applicant is a Small Entity and, therefore, Small  
Entity Status is entitled to be asserted for the above-

identified application.

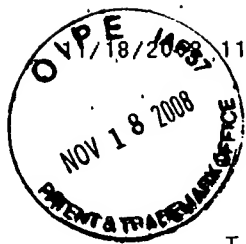
Respectfully Submitted,



Raymond A. Joao  
Reg. No. 35,907

November 18, 2008

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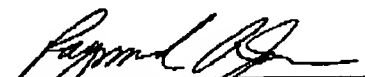


11:44 FAX 914 969 2992

RAYMOND A. JOAO

011/018

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Raymond A. Joao

RJ371

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APPLICANT : RAYMOND A. JOAO

SERIAL NO.: 09/987,226

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EXAMINER : L. NAJARIAN

GROUP : 3686

ALLOWED : NOVEMBER 10, 2008

CONFIRMATION NO.: 6756

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Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

COMMENTS ON STATEMENT OF REASONS FOR ALLOWANCE

Sir:

This is a Comments On Statement Of Reasons For  
Allowance in the above-identified application. Entry of this

Comments On Statement Of Reasons For Allowance is respectfully requested.

Applicant respectfully submits that the prior art does not disclose, teach, or suggest, alone, or in any combination, the present invention, as defined by each of the allowed pending Claims 1 and 50-88.

Regarding independent Claim 1, Applicant respectfully submits that the prior art does not disclose, teach, or suggest, alone, or in any combination, an apparatus, comprising: a processor, wherein the processor processes a request to at least one of access, obtain, change, alter, and modify, information contained in a patient's healthcare record or a patient's healthcare file of a patient, wherein the processor determines whether an individual or entity is authorized to at least one of access, obtain, change, alter, and modify, the information contained in a patient's healthcare record or a patient's healthcare file, and further wherein the processor generates a notification report containing at least one of information regarding the individual or entity making the request, identification information regarding the individual or entity, and a time and date of the request, and further wherein the notification

report contains an actual change, alteration, or modification, sought to be made or made to the information contained in a patient's healthcare record or a patient's healthcare file, and a transmitter, wherein the transmitter transmits the notification report to a patient communication device of the patient via, on, or over, a communication network, and further wherein the notification report is transmitted to the patient communication device at least one of during, concurrently with, at a same time as, and prior to a completion of, at least one of an accessing, an obtaining, a changing, an altering, and a modifying, of the information contained in a patient's healthcare record or a patient's healthcare file by the individual or entity, or at least one of during, concurrently with, at a same time as, and prior to a completion of, a processing of the request.

Regarding independent Claim 50, Applicant respectfully submits that the prior art does not disclose, teach, or suggest, alone, or in any combination, a computer-implemented method, comprising: processing, with a processor, a request by a person or an entity to at least one of access, obtain, change, alter, and modify, information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file of the individual or patient,

wherein the individual's or patient's healthcare record or the individual's or patient's healthcare file of the individual or patient contains healthcare information or healthcare-related information personal to the individual or patient; generating a message containing at least one of information regarding the person or the entity making the request and identification information regarding the person or the entity making the request, and further wherein the message contains an actual change, alteration, or modification, sought to be made or made to the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file; and transmitting the message to a communication device of the individual or patient via, on, or over, a communication network, wherein the message is transmitted to the communication device of the individual or patient at least one of during, concurrently with, at a same time as, and prior to a completion of, at least one of an accessing, an obtaining, a changing, an altering, and a modifying, of the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file by the person or the entity, or at least one of during, concurrently with, at a same time as, and prior to a completion of, a processing of the request to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or

patient's healthcare record or an individual's or patient's healthcare file.


Regarding independent Claim 68, Applicant respectfully submits that the prior art does not disclose, teach, or suggest, alone, or in any combination, a computer-implemented method, comprising: receiving information regarding a restriction or limitation regarding an ability of a person or an entity to at least one of access, obtain, change, alter, and modify, information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file, wherein the individual's or patient's healthcare record or the individual's or patient's healthcare file of the individual or patient contains healthcare information or healthcare-related information personal to the individual or patient, wherein the restriction or limitation contains information regarding at least one of a healthcare provider, a healthcare payer, a healthcare insurer, and an authorized entity, and information regarding a designated purpose for allowing each of the at least one of a healthcare provider, a healthcare payer, a healthcare insurer, and an authorized entity, to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or patient's healthcare record or an individual's

or patient's healthcare file, wherein the designated purpose is at least one of to perform a diagnosis, to perform a diagnosis for a certain ailment, illness, or symptom, to provide a second opinion, to verify or disprove a condition or a pre-existing condition, to submit an insurance claim, and to process an insurance claim; storing the information regarding a restriction or limitation regarding an ability of a person or an entity to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file; processing, with a processor, a request by a person or an entity to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file; determining, using the information regarding the restriction or limitation, whether the person or the entity is allowed or authorized to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file; generating a message containing at least one of information regarding the person or the entity making the request and identification information regarding the person or the entity making the request, and further wherein the message

contains an actual change, alteration, or modification, made to the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file; and transmitting the message to a communication device of the individual or patient via, on, or over, a communication network, wherein the message is transmitted to the communication device of the individual or patient at least one of during, concurrently with, at a same time as, and prior to a completion of, at least one of an accessing, an obtaining, a changing, an altering, and a modifying, of the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file by the person or the entity, or at least one of during, concurrently with, at a same time as, and prior to a completion of, a processing of the request to at least one of access, obtain, change, alter, and modify, the information contained in an individual's or patient's healthcare record or an individual's or patient's healthcare file.

Entry of this COMMENTS ON STATEMENT OF REASONS FOR  
ALLOWANCE is respectfully requested.

Respectfully Submitted,

  
Raymond A. Joao  
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